MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.	FILING DATE
101549,460	9-16-05
APPLICANT(S)	

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1				51						
2				1			52						
3			1				53						
4							54						
5			1				55						
6				5			56						
7				5			57						
8			1				58						
9				1			59						
10			1				60						
11							61						
12				5			62						
13			1				63						
14			1				64						
15			1				65						
16				1			66						
17				1			67						
18				2			68						
19			e				69						
20				2			70						
21			1				71						
22			1				72						
23				1			73						
24			1				74						
25			1				75						
26			1				76						
27			1				77						
28							78						
29							79						
30							80						
31							81						
32							82						
33							83						
34							84						
35							85						
36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.			15				TOTAL IND.						
TOTAL DEP.			25				TOTAL DEP.						
TOTAL CLAIMS			40				TOTAL CLAIMS						